

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155649		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 06/28/2013	
NAME OF PROVIDER OR SUPPLIER  MCCORMICK'S CREEK REHABILITATION & SKILLED NURSING				STREET ADDRESS, CITY, STATE, ZIP CODE 210 STATE HWY 43 SPENCER, IN 47460			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: June 24, 25, 26, 27, &amp; 28, 2013</p> <p>Facility number: 010478 Provider number: 155649 AIM number: 200197620</p> <p>Survey team: Cheryl Mabry, RN-TC Diana McDonald, RN Susan Worsham, RN</p> <p>Census bed type: SNF/NF: 74 Total: 74</p> <p>Census payor type: Medicare: 10 Medicaid: 46 Other: 18 Total 74</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed July 03, 2013; by Kimberly Perigo, RN.</p>		F000000	<p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and /or executed solely because it is required by the provisions of federal and state law.</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F000356 SS=C	<p>483.30(e) POSTED NURSE STAFFING INFORMATION The facility must post the following information on a daily basis:</p> <ul style="list-style-type: none"> <li>o Facility name.</li> <li>o The current date.</li> <li>o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: <ul style="list-style-type: none"> <li>- Registered nurses.</li> <li>- Licensed practical nurses or licensed vocational nurses (as defined under State law).</li> <li>- Certified nurse aides.</li> </ul> </li> <li>o Resident census.</li> </ul> <p>The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows:</p> <ul style="list-style-type: none"> <li>o Clear and readable format.</li> <li>o In a prominent place readily accessible to residents and visitors.</li> </ul> <p>The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>Based on observation and interview, the facility failed to ensure the current nursing staffing data was posted on a</p>	F000356	A notice has been posted indicating the Facility Name, current date, the total number of actual hours worked by Registered Nurses, LPN's, and Certified Nursing Assistants. The notice will also include the facility		07/01/2013		

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	<p>daily basis as required by state and federal regulation.</p> <p>Findings Include:</p> <p>Observation of staff posting on the front desk at survey entrance on 6/25/13 at 9:00 a.m., indicated the most current staff staffing data posting was dated 6/18/13. (6 days past date of survey entrance)</p> <p>Interview with the Director of Nursing (DON) on 6/26/13, indicated the posted staffing data was dated 6/18/13. The DON further indicated it was the staff development person who was in charge of daily updating the staffing data.</p>				<p>census. The notice will be posted on the Receptionist Desk at the facility entrance. All postings will be maintained for 18 months. Due to the nature of the alleged deficient practice all residents in the facility are potentially affected. The staffing coordinator will place the current day staffing in the designated frame at the receptionist desk each morning five days per week. On Friday the Nurse Staffing Posting for Saturday and Sunday will be placed at the receptionist desk for the weekend receptionist to verify accuracy and change on the respective days when staffing coordinator is not present. On Saturday and Sunday the receptionist will place the previous days Nurse Staff Posting when changed in the Executive Directors mailbox. The Executive Director or designee will review the Weekend Postings on Monday to assure compliance. The Staffing Coordinator and the Reception Staff were inserviced on the regulation requiring the posting of the Current Nurse Staffing Data. The Executive Director will review the Nurse Staffing Posting 5 days per week for 90 days to assure compliance and report to Quality Assurance Committee for any trends, noncompliance, and/or interventions.</p>		

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F000466 SS=F	<p>483.70(h)(1) PROCEDURES TO ENSURE WATER AVAILABILITY The facility must establish procedures to ensure that water is available to essential areas when there is a loss of normal water supply.</p> <p>Based on observation, interview, and record review, the facility failed to ensure an adequate water supply for the residents in an emergency.</p> <p>Findings include:</p> <p>Interview with Administer on 6/28/13 at 8:55 a.m., indicated there is a one day supply of water. The facility has 1 gallon for drinking and 1 gallon for cleaning per resident for one day. The Administrator indicated, we have a contract with a water supply company to make "an effort" to have the water delivered to the facility within a three (3) hour period and no later than a twenty-four (24) hour period.</p> <p>Interview with Maintenance Manager on 6/28/13 at 10:00 a.m., indicated we had 52-5 gallon bottles of drinking water on the premises.</p> <p>Observation on 6/24/13 at 10:00 a.m., indicated 52-5 gallon bottles of drinking water. The facility has 3</p>			F000466	<p>A new contract was obtained from the supplier stating that they "will provide water within 3 hrs. and 24 hours" of need. Fifty-two (52) container Five (5) gallons each are maintained on site to be utilized in the event of an emergency. Due to the nature of the alleged deficient practice all residents had a potential to be affected by the practice. A copy of the contract was signed by the Executive Director and authorized signer of the Water Supplier on June 26, 2013. A copy of the contract is maintained by the Executive Director, Maintenance Supervisor and on in the Disaster Preparedness Manual. The contract renews every twelve (12) months unless 30 day written notice of cancellation is provided. The contract will be reviewed by the Quality Assurance Committee to assure it meets the needs of the facility.</p>		07/01/2013

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

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	<p>gallons of water for one day for each resident with the current census of 87 residents.</p> <p>Review on 6/25/13 at 10:00 a.m., of the water contract and policy indicated, "The _____ [name of water supply company] agrees to supply water to your facility for residents and staff for a period of at least three (3) days. The _____ [name of water supply company] will make an effort to have the water to the facility within three (3) hour period and no later than a twenty-four(24) hour period."</p> <p>3.1-19(f)(1)</p>						